| 13 - No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10  |  |                                 |                     |              |                        |                  |   | Application of Docket Number |                        |                 |  |               |  |
|---|--|---------------------------------|---------------------|--------------|------------------------|------------------|---|------------------------------|------------------------|-----------------|--|---------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  |  |                                 |                     |              |                        |                  |   |                              |                        |                 | ,  |               |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |                                 |                     |              |                        |                  |   |                              | אדודע <sup>י</sup>     | OR              | OTHER<br>SMALL   |               |  |
| TOTAL CLAIMS  |  |                                 |                     |              |                        |                  | ſ | RATE                         | FEE                    | 1               | RATE   | FEE           |  |
| FOR   |  |                                 | NUMBER FILED        |              | NUMBER EXTRA           |                  |   | BASIC FEE                    | 370.00                 | OR              | BASIC FEE  | 740.00        |  |
| TOTAL CHARGEABLE CLAIMS   |  |                                 | <i>a</i> 2minus 20= |              | •                      |                  |   | <b>X\$</b> 9=                |                        | OR              | X\$18≃   |               |  |
| INDEPENDENT CLAIMS  |  |                                 | 5 minus 3 =         |              | •                      |                  |   | X42=                         |                        | OR              | X84=   |               |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                   | RESENT              |              |                        |                  |   | +140=                        |                        | OR              | +280=  |               |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |                                 |                     |              |                        |                  |   | TOTAL                        |                        | OR              | TOTAL  |               |  |
| CLAIMS AS AMENDED - PART II   |  |                                 |                     |              |                        |                  |   | CMALL                        | ENTITY                 | OR              | OTHER  |               |  |
|   |  | (Column 1)                      |                     |              | mn 2)<br>HEST          | (Column 3)       | f | SMALL                        |                        | 1               | - OMALL  | ADDI-         |  |
| MENDMENT  |  | REMAINING<br>AFTER<br>AMENDMENT | Marie Company       | NUA<br>PREVI | IBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA | . | RATE                         | ADDI-<br>TIONAL<br>FEE |                 | RATE   | TIONAL<br>FEE |  |
|   | Total  | .24                             | Minus               | 2            | 7                      | ·2               |   | X\$ 9=                       |                        | OR              | X\$18=   | 36.5          |  |
|   | Independent                                    | 9                               | Minus               | orant .      | <u>5</u>               | - 1              |   | X42=                         |                        | OR              | X  | X.00          |  |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                     |              |                        |                  |   | +140=                        | 1                      | OR              | +280=  |               |  |
|   |  |                                 |                     |              |                        |                  | 8 | TOTAL                        |                        | OR              | TOTAL  |               |  |
| MIXIO DI  |  |                                 |                     |              |                        |                  |   | ADDIT. FEE                   | <u> </u>               | 1 <sub>OU</sub> | ADDIT. FEE   |               |  |
|   | 0 11   | (Column 1)                      |                     | HIG          | HEST                   |                  | 1 |                              | ADDI-                  | 1               |  | ADDI-         |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT |                     | PREV         | MBER<br>TOUSLY<br>DFOR | PRESENT<br>EXTRA |   | RATE                         | TIONAL<br>FEE          |                 | RATE   | TIONAL<br>FEE |  |
|   | Total  | . 24                            | Minus               | - é          | 24                     | -00              |   | X\$ 9=                       |                        | OR              | X\$18=   |               |  |
|   | Independent                                    | . 5                             | Minus               | ***          | 6                      | -0               |   | X42=                         |                        | OR              | X84≖   |               |  |
| Ľ   | FIRST PRESE                                    | ENTATION OF M                   | OLTIPLE DE          | PENDEN       | II CLAIM               |                  |   | +140=                        |                        | OR              | +280=  |               |  |
| 1.0.4   |  |                                 |                     |              |                        |                  |   | TOTAL                        |                        | OR              | TOTAL<br>ADDIT, FEE  |               |  |
| ADDIT. FEE OR ADDIT.  |  |                                 |                     |              |                        |                  |   |                              |                        |                 |  |               |  |
|   |  | CLAIMS<br>REMAINING             | 1                   |              | HEST<br>MBER           | PRESENT          |   |                              | ADDI-                  | 1               |  | ADDI-         |  |
| AMENDMENT C   |  | AFTER<br>AMENDMENT              |                     | PREV         | OUSLY<br>D FOR         | EXTRA            |   | RATE                         | TIONAL                 |                 | RATE   | TIONAL<br>FEE |  |
|   | Total  | · 28                            | Minus               | -0           | 54                     | . 4              |   | X\$ 8=                       |                        | OR              | $\rightarrow \prime \prime$ | 202           |  |
|   | Independent                                    | . 10                            | Minus               | ***          | 5                      | =                |   | X42=                         |                        | OR              | -X84=  | HOC           |  |
| الا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                     |              |                        |                  | J | 4 : -                        | 1                      | 1               | 222  |               |  |
| ١.  | If the ease is eat                             | umn 1 le less thes              | the entry in sel    | hima 2 w     | ita "O" in c           | oluma 3          | - | +140=                        |                        | OR              |  | TIAN          |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. enter "20."  ADDIT. FEE  ADDIT. FEE |  |                                 |                     |              |                        |                  |   |                              |                        |                 | 400  |               |  |
| ""If the "Highest Number Previously Pald For" (Notal or Independent) is the highest number found in the appropriate box in column 1.  |  |                                 |                     |              |                        |                  |   |                              |                        |                 |  |               |  |